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ill in this infor	mation to identify your	case:		
Debtor 1	Shirley Kayte Bu	gess		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH O	CAROLINA	
Case number	19-01615			
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

to i	the applicable statutory amount.										
Pa	art 1: Identify the Property You Claim as E	xempt									
1.	1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.										
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)										
	☐ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)									
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.										
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim the portion you own the exemption you claim the portion you claim the exemption you claim the portion you claim you will not not you claim you will not not you claim you claim you claim you claim you claim you claim you will not you will			Specific laws that allow exemption						
	5288 Seaboard Road Salters, SC 29590 Williamsburg County	\$4,830.00		\$4,830.00	S.C. Code Ann. § 15-41-30(A)(1)(a)						
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	13-41-50(A)(1)(a)						
	5288 Seaboard Rd. Salters, SC 29590	\$40,274.00		\$33,693.44	S.C. Code Ann. § 15-41-30(A)(1)(a)						
	Williamsburg County 2005 Redman 27 x 66			100% of fair market value, up to any applicable statutory limit	13-41-30(A)(+)(a)						
	Does not have a lein against. Line from Schedule A/B: 1.2										
	2003 Cadillac Escalade 291,665 miles vehicle has current title loan	\$2,771.00	§2	\$2,771.00	S.C. Code Ann. § 15-41-30(A)(2)						
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	13-41-30(A)(2)						
	Washing machine, refrigerator, dryer, living chair, stove, dishes	\$800.00		\$800.00	S.C. Code Ann. § 15-41-30(A)(3)						
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	10-41-00(A)(0)						
	Cell phone, 3 TVs	\$300.00		\$300.00	S.C. Code Ann. § 15-41-30(A)(3)						
	Life HOTH Scriedule AVB. 1.1			100% of fair market value, up to any applicable statutory limit	13-41-30(A)(3)						

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Debtor 1		***	-		Specific laws that allow exemption		
Brie	f description of the property and line on edule A/B that lists this property	Current value of the Amo portion you own		ount of the exemption you claim	Specific laws that allow exemption		
307	gadie 7/10 that hote the property	Copy the value from Check only one box for each exemption. Schedule A/B					
shi	irts, pants, dresses, coats e from <i>Schedule A/B</i> : 11.1	\$200.00		\$200.00	S.C. Code Ann. § 15-41-30(A)(3)		
LIII	e nom schedule 745. The			100% of fair market value, up to any applicable statutory limit			
	edding ring	\$200.00		\$200.00	S.C. Code Ann. § 15-41-30(A)(4)		
Line from Schedule A/B: 12.1				100% of fair market value, up to any applicable statutory limit			
Cash		\$30.00		\$0.00	S.C. Code Ann. § 15-41-30(A)(5)		
Lin	e from <i>Schedule A/B:</i> 16.1			100% of fair market value, up to any applicable statutory limit	10-41-00((1)(0)		
Checking: The Citizens Bank		\$0.00	25	\$0.00	S.C. Code Ann. § 9-1-1680		
Lin	e from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit			
SCDOR Judgment for 1.16 acre of land and mobile home at 5288 seaboard road salters, sc 29590 Line from Schedule A/B:		\$4,830.00	*:	\$19,864.50	S.C. Code Ann. § 15-41-30(A)(1)(a)		
				100% of fair market value, up to any applicable statutory limit			
SCDOR Judgment for 1.16 acre of land and double wide trailer 5288 seaboard road salters, sc 29590 Line from Schedule A/B:		\$4,830.00		\$1,123.41	S.C. Code Ann. § 15-41-30(A)(1)(a)		
				100% of fair market value, up to any applicable statutory limit			
so	CDOR Judgment for 1.16 acre of and and double wide trailer on 5288	\$4,830.00	Si	\$1,463.65	S.C. Code Ann. § 15-41-30(A)(1)(a)		
se	nd and double wide trailer on 3286 haboard road salters, sc 29590 he from Schedule A/B:			100% of fair market value, up to any applicable statutory limit			
3. Ar (S		3 years after that for o	ases t				
	□ No □ Ves						

Fill	in this information to identify your c	ase:	3						
	otor 1 Shirley Kayt								
	otor 2				-				
Unit	ied States Bankruptcy Court for the	DISTRICT OF SOUTH	I CAROLINA		_				
Case number 19-01615 (If known)					Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:				
<u>O</u> 1	fficial Form 106I					MM / DD/ YY	ΥΥ		
S	chedule I: Your Inc	ome							12/15
sup _l spoi atta	is complete and accurate as pos- plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t1: Describe Employment	are married and not filing wi	ng jointly, and your s ith you, do not includ	pouse i le inforn	s living wit nation abo	th you, inclu ut your spot number (if k	de informa ise, if more nown). Ans	tion about y e space is n swer every	your needed,
1.	Fill in your employment information.		Debtor 1				or non-filin		
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed			☐ Employed			
		Employment status	☐ Not employed			☐ Not employed			
		Occupation	Machine Operato	or					
	Include part-time, seasonal, or self-employed work.	Employer's name	Embroidery Solu	itions					
	Occupation may include student or homemaker, if it applies.	Employer's address	2369 Commerce Kingstree, SC 29					man kir	
		How long employed t	here? 1 year 2	month	ıs			***************************************	
Par	t 2: Give Details About Mo	nthly Income	APIR						
Esti spou	mate monthly income as of the duse unless you are separated.	ate you file this form. If							
mor	e space, attach a separate sheet to	this form.							
					For D	ebtor 1	For Debt	or 2 or g spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,	rry, and commissions (b calculate what the monthl	efore all payroll ly wage would be.	2.	\$	2,476.50	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$ 2,	476.50	\$	N/A	

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Debto	or 1	irley Kayte Burgess Case number (if known)			number (if known)	19-01615			
				- 1, 1	Debtor 1	non-	Debtor 2 or filing spouse		
	Cop	y line 4 here	4.	\$	2,476.50	\$	<u>N/A</u>		
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	381.31	\$	N/A		
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A		
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A_		
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$_	N/A_		
	5e.	Insurance	5e.	\$	0.00	\$	N/A		
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A N/A		
	5g.	Union dues	5g. 5h.+	\$ *	0.00	+ \$-	N/A		
	5h.	Other deductions. Specify:	_	· —		· · ·	All		
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	381.31	\$	<u>N/A</u>		
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,095.19	\$_	N/A_		
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total				•			
		monthly net income.	8a.	\$	0.00	\$ 	N/A		
	8b.	Interest and dividends	8b.	\$_	0.00	Ψ_	N/A		
	8c. 8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive	8c. 8d. 8e.	\$ _ \$	0.00 0.00 0.00	\$ \$ \$	N/A N/A N/A		
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A		
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A		
	8h.	Other monthly income. Specify: Bankruptcy payment	_ 8h.+	\$	820.00	+ \$	N/A		
9.	Ade	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	820.00	\$_	N/A		
10.	Cal Add	culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,915.19 + \$		N/A = \$ 2,915.19		
11.	Incl oth Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depen				Schedule J. 11. +\$ 0.00		
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The res te that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certai</i> lies	ult is tl in Liab	ne con lities a	nbined monthly i and Related <i>Data</i>	ncome a, if it	. 12. \$ 2,915.19		
13.		you expect an increase or decrease within the year after you file this form	?				monthly income		
		No.				~			
		Yes. Explain:			7111		V 2000V I		

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ill in this inform	nation to identify your ca	ise:			
Debtor 1	Shirley Kayte Bur	dess			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH C	AROLINA		
	19-01615				
(if known)					Check if this is an amended filing
	tion About a				12/15
f two married pe	eople are filing together,	both are equally respon	sible for supplying co	rrect information.	
obtaining money	s form whenever you file or property by fraud in 8 U.S.C. §§ 152, 1341, 15	connection with a bankr	or amended schedules ruptcy case can result	s. Making a false stat in fines up to \$250,00	ement, concealing property, or 00, or imprisonment for up to 20
Sigr	n Below				
Did you pay	y or agree to pay someo	ne who is NOT an attorn	ey to help you fill out I	bankruptcy forms?	
√ No					
Yes. N	lame of person			Attach <i>Banl</i>	kruptcy Petition Preparer's Notice,
				Declaration	, and Signature (Official Form 119)
Under penal that they are	ty of perjury, I declare the true and correct.	at I have read the summ	ary and schedules file	d with this declaration	on and
X /s/ Shir	ley Kayte Burgess		X		
Shirley	Kayte Burgess e of Debtor 1		Signature of	Debtor 2	

Date July 10, 2019